

[illegible]

US APPLICATION NO. (if known, see 37 CFR 1.5)		INTERNATIONAL APPLICATION NO.		ATTORNEY'S DOCKET NUMBER	
09/869581		PCT/EP00/03890		P63544US1	
17. <input checked="" type="checkbox"/> The following fees are submitted:				CALCULATIONS	PTO USE ONLY
<b>Basic National Fee (37 CFR 1.492(a)(1)-(5)):</b> Internatl. prelim. examination fee paid to USPTO (37 CFR 1.492 (a) (1)) .. \$690.00 No international preliminary examination fee paid to USPTO (37 CFR 1.492 (a) (2)) but international search fee paid to USPTO (37 CFR 1.445(a)(2)) .. \$710.00 Neither international preliminary examination fee (37 CFR 1.492 (a) (3)) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO) ..... \$1000.00 International preliminary examination fee paid to USPTO (37 CFR 1.492 (a) (4)) and all claims satisfied provisions of PCT Article 33(2)-(4) ..... \$100.00 Search Report prepared by the EPO or JPO (37 CFR 1.492 (a) (5)) ..... \$860.00 <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>				\$ 860.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than <input checked="" type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).				\$ 130.00	
Claims	Number Filed	Number Extra	Rate		
Total Claims	20 - 20 =	-0-	x \$18.00	\$	
Independent Claims	1 - 3 =	-0-	x \$80.00	\$	
Multiple Dependent Claim(s) (if applicable)			+ \$270.00	\$	
<b>TOTAL OF ABOVE CALCULATIONS =</b>				\$ 990.00	
Reduction by 1/2 for filing by small entity, if applicable. Verified Small Entity statement must also be filed. (Note 37 CFR 1.9, 1.27, 1.28).				\$	
<b>SUBTOTAL =</b>				\$ 990.00	
Processing fee of \$130 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f))				\$	
<b>TOTAL NATIONAL FEE =</b>				\$ 990.00	
Fee of \$40.00 for recording the enclosed assignment (37 CFR 1.21(h)). Assignment must be accompanied by appropriate cover sheet (37 CFR 3.28, 3.31).				\$	
<b>TOTAL FEES ENCLOSED =</b>				\$ 990.00	
				Amt. to be refunded:	\$
				Amt. charged:	\$
a. <input checked="" type="checkbox"/> A check in the amount of \$ 990.00 to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. <u>06-1358</u> in the amount of \$ ____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge my account any additional fees set forth in §1.492 during the pendency of this application, or credit any overpayment to Deposit Account No. <u>06-1358</u> . A duplicate copy of this sheet is enclosed.					
SEND ALL CORRESPONDENCE TO: <b>JACOBSON HOLMAN PLLC</b> 400 7th Street, N.W., Suite 600 Washington, DC 20004 202-638-6666 <b>CUSTOMER NUMBER: 00136</b>					
By <u>William E. Player</u>				Reg. No. 31,409	